

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		10/21/94
O.I.P.E. CLASSIFIER		18	10/26/99
FORMALITY REVIEW		68055	11-4-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy If more than 150 claims or 10 actions  
 attach additional sheet here

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